

Exhibit 5A

Michelle Torrey-VS- U.S., City of Brockton  
Commonwealth of Mass et al  
Brian Richard Kilfoyle, Nicholas Savillier (5) Page

Exhibit 3A

# **INFORMATION PERTAINING TO ASSAULT & KIT TRACKING FORM** **FORM 2A** **PROVIDER SEXUAL CRIME REPORT**

FAX FORM 2A ONLY

Per MGL C.112, S. 12A 1/2

K

**A. PATIENT INFORMATION:** Name, address and other identifying information should not be written on this anonymous form.

1. Age: 26 2. Gender: ☐ Female ☒ Male ☐ Transgender (M to F) ☐ Transgender (F to M)

3. Race: ☐ White ☐ Black/African Am ☐ Hispanic/Latino ☐ Am Indian/Alaska Native ☐ Asian ☐ Native Hawaiian/Other Pacific Islander ☒ Other: Cape Verdean

4. Date of Assault (e.g., 01/01/2000): 07/11/2019 5. Approx. Time of Assault: 11 ☐ AM ☒ PM

6. City/Town of Assault: New Bedford State: MA Neighborhood: \_\_\_\_\_

7. Specific surroundings at time of Assault: ☐ House/Apartment ☐ Outdoors ☐ College/University ☐ Hotel/Motel  
☐ Motor Vehicle ☐ Unsure ☒ Other (specify) Merrimack St  
 Correctional Facility (Check One): ☐ Prison ☐ Jail ☐ DYS

8. Date of hospital exam (e.g., 01/01/2000): 7/18/2019 9. Time of hospital exam: \_\_\_\_\_ ☐ AM ☒ PM

10. Hospital providing service: St Luke's

11. Exam completed by: ☒ MA SANE ☐ SANE-A ☐ OTHER \_\_\_\_\_

**KIT NUMBER** 54953

**B. ASSAILANT(S) INFORMATION:** Did the patient voluntarily report? ☒ Yes ☐ No

12. Total number of assailants: \_\_\_\_\_ Unsure: ☒ Yes ☐ No

13. Assailant(s) relationship to patient and gender of assailant (m/f) (If >1 assailant, designate relationship of each).

	# Male	# Female		# Male	# Female
<input type="checkbox"/> Parent/ Step-parent	_____	_____	<input type="checkbox"/> Boy/ girlfriend	_____	_____
<input type="checkbox"/> Spouse/ live-in partner	_____	_____	<input type="checkbox"/> Ex-boy/ girlfriend	_____	_____
<input type="checkbox"/> Ex-Spouse/ live-in partner	_____	_____	<input type="checkbox"/> Date	_____	_____
<input type="checkbox"/> Parent's live-in partner	_____	_____	<input type="checkbox"/> Acquaintance	_____	_____
<input type="checkbox"/> Other relative	_____	_____	<input type="checkbox"/> Friend	_____	_____
<input type="checkbox"/> Stranger	_____	_____	<input type="checkbox"/> Unknown	_____	_____
			<input checked="" type="checkbox"/> Other (specify): <u>Police</u> <u>all male</u>		

**C. WEAPONS/ FORCE USED:** (Check all that apply as per patient report and/or physical findings).

14. ☒ Verbal threats ☐ Restraints (ropes, ties, cords, etc.) ☐ Strangulation ☐ Chemical(s) (pepper spray, mace, etc.)

☐ Bites ☒ Hold Down/Body Weight Hand ☐ Hitting ☐ Other physical force Describe: \_\_\_\_\_

☐ Burns ☒ Other weapons Describe: Guns ☐ Gun ☐ Alcohol

☐ Knife ☐ Drugs ? Flashlight, baton ☐ Blunt Object ☐ Unsure

**D. ACTS DESCRIBED BY THE PATIENT:**

Was there penetration, however slight, of:

15. Vagina ☐ No ☐ Unsure ☐ Attempt ☒ Yes ☒ N/A BY ☐ Penis ☐ Finger ☐ Tongue ☐ Object/Other: \_\_\_\_\_

16. Anus ☐ No ☐ Unsure ☐ Attempt ☒ Yes ☒ N/A BY ☐ Penis ☒ Finger ☐ Tongue ☐ Object/Other: \_\_\_\_\_

17. Mouth ☐ No ☐ Unsure ☐ Attempt ☒ Yes ☒ N/A BY ☐ Penis ☒ Finger ☐ Tongue ☐ Object/Other: \_\_\_\_\_

18. Did ejaculation occur? ☐ YES ☐ NO ☐ UNSURE ☒ N/A

19. Did assailant(s) use a condom? ☐ YES ☐ NO ☐ UNSURE ☒ N/A

20. Any injuries to patient resulting in bleeding? ☐ YES ☐ NO ☒ UNSURE

If yes, specify: \_\_\_\_\_

21. Any injuries to assailant(s) resulting in bleeding? ☐ YES ☒ NO ☐ UNSURE

If yes, specify: \_\_\_\_\_

**E. CASE STATUS AT TIME OF THE EXAM:**

22a. Evidence Collection Kit utilized? ☒ Yes ☐ No

22b. Toxicology Kit collected? ☐ Yes ☒ No

23. Reported to police? ☒ Yes ☐ No If yes, specify police dept.: \_\_\_\_\_

24. DCF Involved? ☐ Yes ☒ No If yes, describe status: \_\_\_\_\_

25. Restraining order in place before assault? ☐ Yes ☒ No If yes, date and court location: \_\_\_\_\_

26. Restraining order filed after assault? ☐ Yes ☒ No If yes, date and court location: \_\_\_\_\_

**F. MANDATORY REPORTING:**

27. 19A Elder Abuse Report ☐ Yes ☒ No

28. 51A Child Abuse Report ☐ Yes ☒ No

29. 19C Disabled Persons Report ☐ Yes ☒ No

30. 12A Weapon Report ☐ Yes ☒ No

31. 70E Emergency Contraception Administered ☐ Yes ☒ Not Indicated ☐ Declined ☐ Not offered

**G. KIT TRACKING INFORMATION:**

32. Name of Police Department notified for pick up and transport of Evidence: New Bedford

33. Date notified: 7/18/19 Time notified: 0400

FAX this report to:

Massachusetts Executive Office of Public Safety-Research and Policy Analysis Unit  
 FAX: 617-725-0260 AND: Local public safety authority

JUNE 2010

RETAIN WHITE COPY OF FORM 2A AND 2B FOR HOSPITAL RECORDS

RETURN YELLOW COPY OF FORM 2A AND 2B TO STEP 1 ENVELOPE



FORM 2B

DO NOT FAX THIS PAGE

## INFORMATION PERTAINING TO ASSAULT

Commonwealth of Massachusetts Sexual Assault Evidence Collection Kit

KIT NUMBER

54953

DO NOT WRITE PATIENT'S NAME ON THIS FORM;  
DO NOT RUN THIS FORM THROUGH ADDRESSOGRAPH

## A. PERTINENT/RECENT HEALTH HISTORY:

Has the patient undergone recent (within 4 weeks) medical or gynecological procedures or treatments which may affect physical findings or evidence collection? ☐ Yes ☒ No NA  
If yes, describe: \_\_\_\_\_Patient menstruating at the time of assault? ☐ Yes ☒ No NAPatient's tampon or sanitary napkin to be included in kit? ☐ Yes ☒ NoCurrently? ☐ Yes ☒ No LMP \_\_\_\_\_Has the patient had consensual sexual intercourse in the past 120 hours/5 days? ☒ Yes ☐ No

If yes, specify the number of hours since consensual intercourse ended: \_\_\_\_\_

Has the patient used any type of contraception in the past 24 hours? ☐ Yes ☒ No

If yes, specify type: \_\_\_\_\_

## B. SINCE THE TIME OF THE ASSAULT HAS THE PATIENT:

a. Changed clothes? ☐ Yes ☒ Nob. Bathed? ☐ Yes ☒ Noc. Showered? ☐ Yes ☒ Nod. Washed off? ☐ Yes ☒ Noe. Brushed teeth? ☐ Yes ☒ Nof. Used mouthwash? ☐ Yes ☒ Nog. Taken in fluid? ☒ Yes ☐ Noh. Vomited? ☒ Yes ☐ Noi. Smoked cigarettes? ☐ Yes ☒ Noj. Urinated? ☒ Yes ☐ Nok. Defecated? ☐ Yes ☒ Nol. Brushed/washed hair? ☐ Yes ☒ No

## C. WEAPONS/FORCE USED: (Check all that apply as per patient report and/or physical findings; describe the incident and/or body part involved.)

☒ Verbal threats Describe: Saying Oh you like that☐ Bites Describe: \_\_\_\_\_☐ Burns Describe: \_\_\_\_\_☒ Knife Describe: \_\_\_\_\_☐ Restraints Describe: \_\_\_\_\_☒ Hold down/Body weight Describe: Held him against wall☐ Other weapons Describe: \_\_\_\_\_☐ Drugs Describe: \_\_\_\_\_☐ Strangulation Describe: \_\_\_\_\_☐ Hitting Describe: \_\_\_\_\_☒ Gun Describe: they were carrying guns☐ Blunt object Describe: \_\_\_\_\_☐ Chemical(s) Describe: \_\_\_\_\_☐ Other physical force Describe: \_\_\_\_\_☐ Alcohol Describe: \_\_\_\_\_☐ Unsure

## D. ACTS DESCRIBED BY THE PATIENT:

Did ejaculation occur?

Vaginally? ☐ Yes ☒ No ☐ UnsureAnally? ☐ Yes ☒ No ☐ UnsureOrally? ☐ Yes ☒ No ☐ UnsureExternally? ☐ Yes ☒ No ☐ Unsure

If externally, where?

☐ On the patient's body. Where? \_\_\_\_\_☐ On an object. What object? Where? \_\_\_\_\_☐ Other: \_\_\_\_\_☐ UnsureDid assailant(s) use any substance as lubrication (saliva is considered lubrication)? ☐ YES ☒ NO ☐ UNSURE

If yes, specify: \_\_\_\_\_

Did assailant(s) lick, spit or make other oral contact with the patient? ☐ YES ☒ NO ☐ UNSURE

If yes, describe location: \_\_\_\_\_

Was there prolonged or forceful touching of the patient's skin by the assailant's bare hands or fingers? ☒ YES ☐ NO ☐ UNSUREIf yes, describe location: pat down body over clothesDid assailant(s) attempt to strangle patient? ☐ YES ☒ NO ☐ UNSURE

If yes, describe: \_\_\_\_\_

Was there loss of consciousness? ☐ YES ☒ NO ☐ UNSURE

If yes, describe: \_\_\_\_\_

Was the patient incontinent? ☐ YES ☒ NOIf yes, Bowel: ☐ YES ☒ NOBladder: ☐ YES ☒ NOWere there any children present during the assault? ☐ YES ☒ NO ☐ UNSURE

If yes, describe the relationship to the patient: \_\_\_\_\_

Printed name of medical provider or S.A.N.E. Kerrie Tierney RNSignature of medical provider or S.A.N.E. Kerrie TierneyIf applicable, certified number of the S.A.N.E. 31865Date 7/18/19

**FORM 4**

**Commonwealth of Massachusetts**

## Sexual Assault Evidence Collection Kit

# PHYSICAL APPEARANCE/WOUND DOCUMENTATION

Record the patient's general physical appearance and demeanor.

It is laying on stretcher with right hand, handcuffed to stretcher.  
Engaging in questions, making use of watch

Record injuries and findings on diagrams: erythema, abrasions, bruises (detail shape), contusions, induration, lacerations, fractures, bites, burns and stains or foreign materials on the body. Record size and appearance of injuries. Note areas of swelling and patient's indications of tenderness. .

**SOARES, CHRISTIAN**

HR# 2987266 CS# 290871738

**DOB: 3/4/1993    ADM: 7/18/2019**

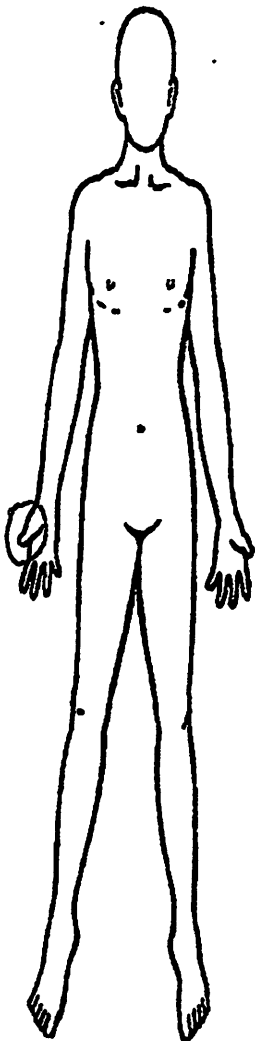
**REF ID: A66888**

CSHA

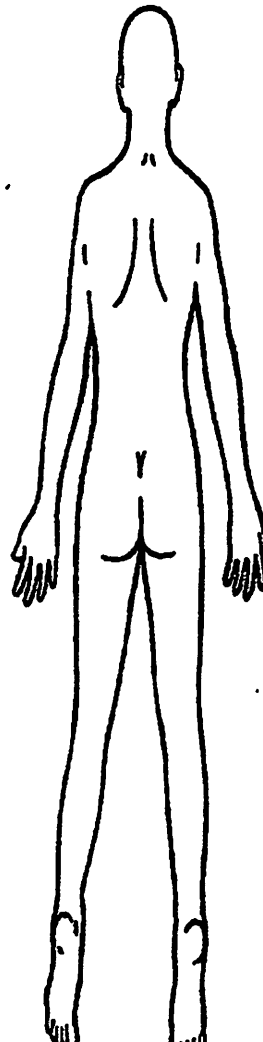
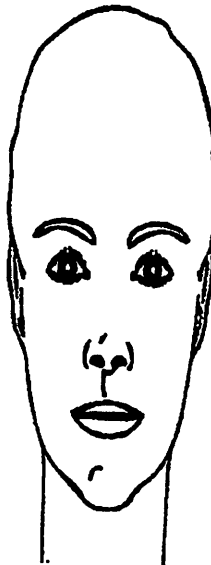
KIT NUMBER 54953



**RIGHT SIDE**



sore



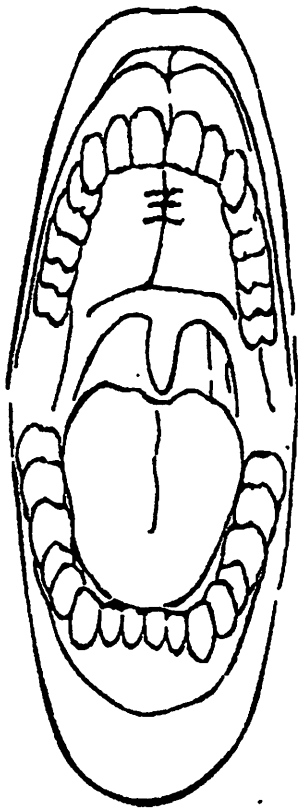
**LEFT SIDE**

**PHOTOGRAPHS COMPLETED & ENCLOSED IN HOSPITAL RECORD**  
**Do not include in Sexual Assault Evidence Collection Kit**

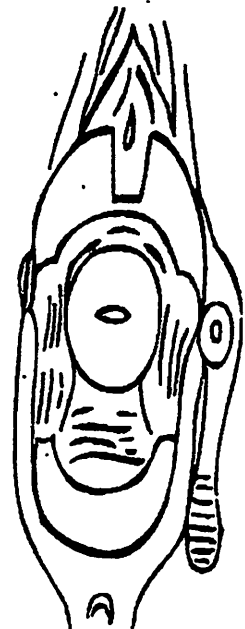
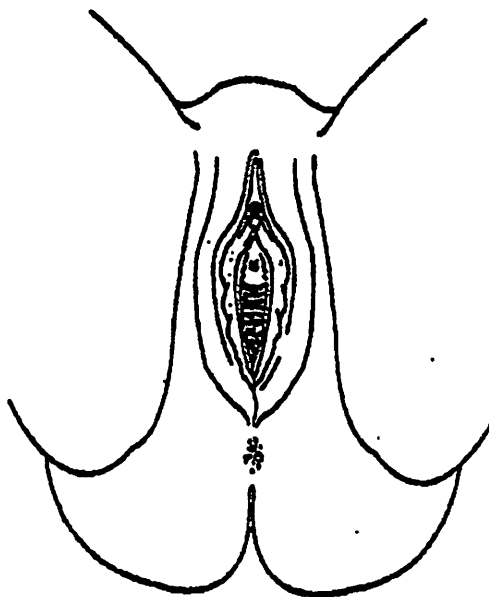
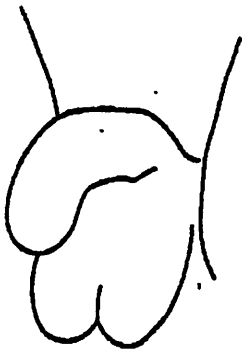
Photo Session I.D. Sheet: Pre \_\_\_\_\_ Post \_\_\_\_\_

Total # of pictures taken during evidence collection \_\_\_\_\_

Long Range Photo: Front \_\_\_\_\_ Back \_\_\_\_\_



#of Photos Taken	Numbered Area	Body Part	Instrument	close W/Ruler	close W/O Ruler	medium
<small>(Choose the range description(s) that correspond to the numbered area)</small>						
_____	_____	_____	Digital/Medscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	Digital/Medscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	Digital/Medscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	Digital/Medscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	Digital/Medscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	Digital/Medscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	Digital/Medscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	Digital/Medscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	Digital/Medscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Kerne Tenny RN

Printed name of medical provider or S.A.N.E.

Kerne Tenny RN

Signature of medical provider or S.A.N.E.

7/18/19  
Date

RETAIN WHITE COPY FOR HOSPITAL RECORDS

RETURN YELLOW COPY TO STEP 1 ENVELOPE

**FORM 5A**Commonwealth of Massachusetts  
Sexual Assault Evidence Collection Kit**PHYSICAL EXAMINATION**

KIT NUMBER 54953

SOARES, CHRISTIAN



MR# 2987286

CSN# 290871730

DOB: 3/4/1993

ADM: 7/18/2019

MR# 11000000000000000000

CSN#



FEMALE							MALE						
WNL	Swelling	Redness	Abrasion	Tearing	Other		WNL	Swelling	Redness	Abrasion	Tearing	Other	
						Labia majora							
						Perineum							
						Clitoris							
						Labia minora							
						Periurethral tissue/urethral meatus							
						Periurethral tissue (vestibule)							
						Hymen							
						Posterior fourchette							
						Fossa navicularis							
						Vagina							
						Cervix							
						Other							
<b>EXAM POSITION USED</b> <input type="checkbox"/> Lithotomy <input type="checkbox"/> Other (specify): _____							<b>EXAM INFORMATION</b>						
							<b>GENITAL EXAM DONE WITH</b>						
							YES NO N/A Provider Initials						
							Direct visualization <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> K						
							Speculum Exam <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>						
							Medscope Exam <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>						
							Anoscopic Exam <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>						

Further Description of genital injuries and exam, if necessary:

Kerrie Tierney  
 Printed Name of medical provider or S.A. N. E.

Kerrie Tierney  
 Signature of medical provider or S.A. N. E.

Date 7/18/19

If applicable, print additional medical  
 provider name/title

Signature

Portion of exam done

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

RETAIN WHITE COPY OF FORM 5A AND 5B FOR HOSPITAL RECORDS

RETURN YELLOW COPY OF FORM 5A AND 5B TO STEP 1 ENVELOPE

**FORM 5B**

Commonwealth of Massachusetts

Sexual Assault Evidence Collection Kit

**EVIDENCE COLLECTED INVENTORY LIST**

KIT NUMBER 54953

-----  
Date: 7/18/19 Hospital: St. Lukes

Please indicate which pieces of evidence you collected by checking appropriate boxes below. If No, please complete N/I as not indicated or P/D as patient declines.

Name of Medical Provider/SANE: Hervie TierneySignature of Medical Provider/SANE: Kenn Lee

Step Number	Description of Evidence Collected	YES	NO	N/I Not Indicated	P/D Patient Declines
Step 1	Consent Form and Reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 2	Control Swabs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 3	Toxicology Testing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Step 4	Known Blood Sample	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Step 5	Head Hair Combing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Step 6	Oral Swabs and Smears	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 7	Fingernail Scrapings	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Step 8 (A) & (B)	Foreign Material Collection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Step 9	Clothing (See below for list)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Underwear should be stored in kit	Underwear worn immediately after assault	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <i>enr</i>	<input checked="" type="checkbox"/>
	Underwear worn to exam	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Step 10	Bite Marks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Step 11	Additional Swabs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Step 12	Public Hair Combing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Step 13	External Genital Swabs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 14	Perianal Swabs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 15	Vaginal Swabs and Smears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 16	Anorectal Swabs and Smears	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 17	Completion of MSAECK Forms <i>Be sure to follow instructions on back of FORM 2A.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothing (Transport Bag)	Contents in Evidence Transport Bag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Coat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Shirt/Blouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sweater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Skirt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Stockings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RETAIN WHITE COPY OF FORM 5A AND 5B FOR HOSPITAL RECORDS

RETURN YELLOW COPY OF FORM 5A AND 5B TO STEP 1 ENVELOPE

RE2MA FORM 5B1.3 4/18



**FORM 1**Commonwealth of Massachusetts  
Sexual Assault Evidence Collection Kit**PATIENT'S CONSENT  
FOR SEXUAL ASSAULT EXAM**

KIT-NUMBER 54953

SOARES, CHRISTIAN

MR# 2987288

CSN# 290871730

DOB: 3/4/1993

ADM: 7/18/2019

CSN#

Patient's Name: Christian SoaresPhone Number: N/APatient's Address: HomelessPatient's Date of Birth: 3 / 4 / 1993I consent and authorize Kerrie Tierney RN (medical provider or S.A.N.E.) and  
St. Lukes Hospital to perform the following:Interpreter Used? ☐ Yes ☒ No Name: \_\_\_\_\_**PROCEDURE**

	CONSENT	DO NOT CONSENT	PATIENT'S INITIALS
• Obtain history	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>[Signature]</u>
• Perform Physical Exam	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>[Signature]</u>
• Collect evidence which may include: hair, blood samples, body fluid samples, fingernail scrapings and clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>[Signature]</u>
• Administer appropriate medical treatment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>[Signature]</u>
• Administer medications for STI prophylaxis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>[Signature]</u>
• Screen for pregnancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>[Signature]</u>
• Administer emergency contraception for pregnancy prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>[Signature]</u>
• Photograph physical injuries	<input type="checkbox"/>	<input type="checkbox"/>	<u>[Signature]</u>
• Follow-up telephone call	<input type="checkbox"/>	<input type="checkbox"/>	<u>[Signature]</u>
Number to call: <u>508-326-3157</u> - His emergency contact number			<u>Michelle Torrey</u>
• Other (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<u>_____</u>

I understand the medical information contained in this record is confidential and private and protected under state law. In most circumstances, the medical record will be released only with my written permission. However, I understand the medical information must be released if subpoenaed by the court.

Signature of patient (or guardian)

If guardian, print name and relationship to patient

7, 18, 19  
DateKerrie Tierney  
Printed name of medical provider or S.A.N.E.Kerrie Tierney  
Signature of medical provider or S.A.N.E.7, 18, 19  
Date

3186-5

If applicable, certified number of the S.A.N.E.

RETAIN THIS FORM FOR HOSPITAL RECORDS





# Presence In Treatment

High Point Treatment Center

Client#: 17417248 Document #: 37608583

## Contact Information

Address 1:	Relationship Type:	Professional
Address 2:	Contact Name:	Christian Delahunt
City:	Relationship to Client:	Probation or Parole
State:		
Zip:		

## Details

Client Name: Soares, Christian DOB: March 04, 1993

On 03/07/2019, Soares, Christian Entered High Point Treatment Center for:

Acute Treatment Services / Medical Detoxification (ATS)	Clinical Stabilization Services (CSS)
Dual Diagnosis Acute Residential Treatment Program	Transitional Support Services (TSS)
Inpatient Psychiatric Unit	Clean and Sober Teens Living Empowered (CASTLE)
<input checked="" type="checkbox"/> Outpatient Program: 10 Meadowbrook Road, Brockton, M.	Residential Program:

**Attendance:** Client is present for individual therapy and is compliant with treatment

The average length of stay is determined by the client's condition. A projected discharge date is determined by the client's willingness to comply with treatment recommendations made by the clinical staff.

Note: This information is disclosed to you from records where confidentiality is protected by Federal Law. Federal regulations (42 C.F.R.) prohibit you from making any further disclosure of this information without the specific written consent of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

Electronically Signed By: DeJesus, Nicilda

2:08:50PM

Exhibit 5B

Michelle Torrey vs U.S., City of Brockton  
Commonwealth of Massachusetts  
Brian Richard Kilfoyle, Nicholas Silvien Page  
5B

Exhibit 5B



**SOUTHCOAST**  
HOSPITALS GROUP

**AFFIDAVIT  
OF  
MEDICAL RECORDS CERTIFICATION**

The undersigned does hereby certify, under penalty of perjury, that:

1. I am the authorized custodian of medical records for Southcoast Hospitals Group.
2. The attached medical record is a true and accurate copy.

**Name of Patient:** Christian Soares

**Medical Record No.:** 2987266

**Date[s] of Treatment:** 7/18/19

**Number of Pages:** 23 pgs.

3. The copies of the medical records for which this certification is being made are true reproductions made in the regular and ordinary course of business of Southcoast Hospitals Group.
4. This Affidavit is made pursuant to *Massachusetts General Laws Chapter 233 Section 79G and Chapter 111 Section 70*.

Subscribed and sworn to on this 6<sup>th</sup> day of February, 2020.

*Elizabeth A. Faria*

Signature of Full Name of Custodian of Records

Elizabeth Ann Faria, RHIT  
Manager, Release of Information  
Southcoast Hospitals Group  
200 Mill Road, Suite 210  
Fairhaven, MA 02719



**SOUTHCOAST**  
HOSPITALS GROUP

**AFFIDAVIT  
OF  
MEDICAL RECORDS CERTIFICATION**

The undersigned does hereby certify, under penalty of perjury, that:

1. I am the authorized custodian of medical records for Southcoast Hospitals Group.
2. The attached medical record is a true and accurate copy.

Name of Patient: CHRISTIAN SOARES

Medical Record No.: 2987266

Date[s] of Treatment: 7/18/2019

Number of Pages: 15

3. The copies of the medical records for which this certification is being made are true reproductions made in the regular and ordinary course of business of Southcoast Hospitals Group.
4. This Affidavit is made pursuant to *Massachusetts General Laws Chapter 233 Section 79G and Chapter 111 Section 70*.

Subscribed and sworn to on this 16th day of January, 2020

*Elizabeth A. Faria*

Signature of Full Name of Custodian of Records

Elizabeth Ann Faria, RHIT  
Manager, Release of Information  
Southcoast Hospitals Group  
200 Mill Road, Suite 210  
Fairhaven, MA 02719





SLH EMERGENCY DEPT.  
ED Encounter Report

Soares, Christian  
MRN: 2987266, DOB: 3/4/1993, Sex: M  
Acct #: 101851627  
Adm: 7/18/2019, D/C: 7/18/2019

#### Discharge Instructions

Soares, Christian (MR # 2987266)

Date	Status	User	User Type	Discharge Note
07/18/19 0202	Pended	John Craford, MD	Physician	Original

You're medically cleared for incarceration

Please follow any instructions given to you by social care workers.

Return to the ER immediately if your symptoms get worse or if you have any other concerns

#### ED Records

##### ED Arrival Information

Expected	Arrival	Acuity	Means of Arrival	Escorted By	Service	Admission Type
-	7/18/2019 00:37	Emergent	Ambulance	Emergency Med Services	Emergency Medicine	Emergency

Arrival Complaint:  
Rectal Pain

#### Visit Summary

##### Reason for Visit

Alleged Sexual Assault

##### ED Diagnosis

Diagnosis	Description	Comment
Final diagnosis		
Alleged assault	Alleged assault	

#### Final Diagnoses (ICD-10-CM)

Code	Description	POA	CC	HAC	Affects DRG
T76.21XA [Principal]	Adult sexual abuse, suspected, initial encounter	Yes			

#### Allergies as of 7/18/2019

No Known Allergies

Reviewed by Zakkiyya Morgan, RN on 7/18/2019

#### Vitals

Most recent update: 7/18/2019 5:47 AM

BP 114/86 (BP Location: Left arm, Patient Position: Lying)	Pulse 77	Temp 98.6 °F (37 °C) (Oral)	Resp 18	Ht 5' 8" (1.727 m)
Wt 180 lb (81.6 kg)	SpO2 96%	BMI 27.37 kg/m²		

#### Patient History

##### Medical as of 7/18/2019

###### Past Medical History

Diagnosis	Date	Comments	Source Provider
No known health problems			

##### Surgical as of 7/18/2019

Past Surgical History: None

Generated on 1/16/20 8:57 AM



SLH EMERGENCY DEPT.  
ED Encounter Report

Soares, Christian  
MRN: 2987266, DOB: 3/4/1993, Sex: M  
Acct #: 101851627  
Adm: 7/18/2019, D/C: 7/18/2019

**Visit Summary (continued)**

**Surgical as of 7/18/2019 (continued)**

**Family as of 7/18/2019**

None

**Family Status as of 7/18/2019**

None

**Tobacco Use as of 7/18/2019**

Smoking Status	Smoking Start Date	Smoking Quit Date	Packs/Day	Years Used
Never Smoker	—	—	—	—
Types	Comments	Smokeless Tobacco Status	Smokeless Tobacco Quit Date	Source Provider
—	—	Never Used	—	—

**Alcohol Use as of 7/18/2019**

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source Provider
Yes	—	—	denies daily but states "frequent use"	—
Frequency	Standard Drinks	Binge Drinking	—	—
—	—	—	—	—

**Drug Use as of 7/18/2019**

Drug Use	Types	Frequency	Comments	Source Provider
Yes	Cocaine, Marijuana, Heroin	—	daily use	—

**Sexual Activity as of 7/18/2019**

Sexually Active	Birth Control	Partners	Comments	Source Provider
—	—	—	—	—

**Activities of Daily Living as of 7/18/2019**

None

**Occupational as of 7/18/2019**

None

**Socioeconomic as of 7/18/2019**

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race Other/Not Specified	Source
Single	—	—	—	—	English	American	—	—
Financial Resource Strain	Food Insecurity: Worry	Food Insecurity: Inability	Transportation Needs: Medical	Transportation Needs: Non-medical	—	—	—	—
—	—	—	—	—	—	—	—	—

**ED Disposition**

ED Disposition	Condition	Comment
Discharge	—	His condition at the time of discharge is good.

SLH EMERGENCY DEPT.  
ED Encounter ReportSoares, Christian  
MRN: 2987266, DOB: 3/4/1993, Sex: M  
Acct #: 101851627  
Adm: 7/18/2019, D/C: 7/18/2019**ED Notes****ED Triage Notes by Zakkiyya Morgan, RN at 7/18/2019 12:50 AM**

Author: Zakkiyya Morgan, RN	Service: Emergency Medicine	Author Type: Registered Nurse
Filed: 7/18/2019 1:13 AM	Date of Service: 7/18/2019 12:50 AM	Status: Addendum
Editor: Zakkiyya Morgan, RN (Registered Nurse)		
Related Notes: Original Note by Zakkiyya Morgan, RN (Registered Nurse) filed at 7/18/2019 12:51 AM		

Patient presents to the Emergency room in State Police custody reporting he was sexually assaulted by arresting officers. Patient reports anal penetration with a baton and officer fingers.

Electronically Signed by Zakkiyya Morgan, RN on 7/18/2019 12:51 AM

Electronically Signed by Zakkiyya Morgan, RN on 7/18/2019 1:13 AM

**ED Notes by Zakkiyya Morgan, RN at 7/18/2019 1:10 AM**

Author: Zakkiyya Morgan, RN	Service: Emergency Medicine	Author Type: Registered Nurse
Filed: 7/18/2019 1:36 AM	Date of Service: 7/18/2019 1:10 AM	Status: Signed
Editor: Zakkiyya Morgan, RN (Registered Nurse)		

This RN spoke to SANE Nurse (Kerrie). ETA approximately 1 hour.

Electronically Signed by Zakkiyya Morgan, RN on 7/18/2019 1:36 AM

**ED Provider Notes by John Craford, MD at 7/18/2019 12:54 AM**

Author: John Craford, MD	Service: Emergency Medicine	Author Type: Physician
Filed: 7/18/2019 1:49 AM	Date of Service: 7/18/2019 12:54 AM	Status: Signed
Editor: John Craford, MD (Physician)		

**Service Date:** ED Arrival Date 7/18/19

**Chief Complaint****Chief Complaint**

Patient presents with

- Alleged Sexual Assault

**HPI**

26-year-old male coming in because he reports he was sexually assaulted by the police in the process of arresting him for having a loaded gun. Patient reports that he uses fentanyl in cocaine daily. He reports that the police were trying to extract drugs from his anal cavity he reports that in the process of doing this they use blunt objects fingers possibly a baton the patient is unsure. He also has pain in his right thumb but does not want that x-rayed. No other complaints. No other trauma No other recent illness.

The history is provided by the patient and medical records.

**Alleged Sexual Assault**

Severity: Moderate

Onset quality: Sudden

Duration: 1 day

Timing: Constant

Progression: Unchanged

Chronicity: New

Associated symptoms: no abdominal pain, no chest pain, no cough, no diarrhea, no fever, no rash, no rhinorrhea, no sore throat, no vomiting and no wheezing

**ROS**

Review of Systems

Constitutional: Negative for fever.

HENT: Negative for rhinorrhea and sore throat.

Respiratory: Negative for cough and wheezing.



SLH EMERGENCY DEPT.  
ED Encounter Report

Soares, Christian  
MRN: 2987266, DOB: 3/4/1993, Sex: M  
Acct #: 101851627  
Adm: 7/18/2019, D/C: 7/18/2019

**ED Notes (continued)**

**ED Provider Notes by John Craford, MD at 7/18/2019 12:54 AM (continued)**

Cardiovascular: Negative for chest pain.  
Gastrointestinal: Negative for abdominal pain, blood in stool, diarrhea and vomiting.  
Endocrine: Negative for polyuria.  
Genitourinary: Negative for dysuria and hematuria.  
Skin: Negative for rash.  
All other systems reviewed and are negative.

**Past History**

**Past Medical History:**

**Diagnosis**

Date

- No known health problems

History reviewed. No pertinent surgical history.

History reviewed. No pertinent family history.

**Social History**

**Tobacco Use**

**Smoking Status**

Never Smoker

**Smokeless Tobacco**

Never Used

**Substance and Sexual Activity**

**Alcohol Use**

Yes

*Comment: denies daily but states "frequent use"*

**Substance and Sexual Activity**

**Drug Use**

Yes

• **Types:**

Cocaine, Marijuana, Heroin

*Comment: daily use*

**Physical Exam**

**Triage Vitals [07/18/19 0042]**

BP 115/65  
Heart Rate 93  
Resp 20  
Temp 98.6 °F (37 °C)  
Temp src Oral  
SpO2 98 %  
Weight 180 lb (81.6 kg)  
Height 5' 8" (1.727 m)





SLH EMERGENCY DEPT.  
ED Encounter Report

Soares, Christian  
MRN: 2987266, DOB: 3/4/1993, Sex: M  
Acct #: 101851627  
Adm: 7/18/2019, D/C: 7/18/2019

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ED Notes (continued)

ED Provider Notes by John Craford, MD at 7/18/2019 12:54 AM (continued)

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Body mass index is 27.37 kg/m<sup>2</sup>.

Ideal body weight: 68.4 kg (150 lb 12.7 oz)

### Physical Exam

Constitutional: He appears well-developed. No distress.

HENT:

Head: Normocephalic and atraumatic.

Nose: Nose normal.

Mouth/Throat: Oropharynx is clear and moist.

Eyes: Pupils are equal, round, and reactive to light. Conjunctivae are normal. Right eye exhibits no discharge. Left eye exhibits no discharge. No scleral icterus.

Neck: Neck supple. No tracheal deviation present.

Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses. Exam reveals no gallop and no friction rub.

No murmur heard.

Pulmonary/Chest: Effort normal and breath sounds normal. No stridor. No respiratory distress. He has no wheezes. He has no rales.

Abdominal: Soft. He exhibits no distension and no mass. There is no tenderness. There is no rebound, no guarding and no CVA tenderness.

Genitourinary: Rectum normal.

Genitourinary Comments: External rectal exam with no evidence of trauma. There is no bleeding. There is no abrasions. Does not even really appear to be any torn hair

Musculoskeletal: He exhibits no edema or tenderness.

Full range of motion of his right thumb. No external lesions. No tenderness over any of the joints or bones

Neurological: He is alert. He exhibits normal muscle tone. Coordination normal.

Skin: Skin is warm and dry. No rash noted.

Psychiatric: He has a normal mood and affect. His behavior is normal.

Nursing note and vitals reviewed.

Otherwise no bony tenderness/lacs/abrasions/stepoffs to chest/abd/back/extremities/head w str and pulses intact.

Teeth together normally. No septal hematoma. Pelvis stable. No midline neck tender. EOMI. Str/sens grossly intact. Ambulates easily.

### ED Course

Labs reviewed by me:

Labs Reviewed - No data to display

Radiology imaging reviewed by me:

No orders to display

### Procedures

No notes on file

### Progress



SLH EMERGENCY DEPT.  
ED Encounter Report

Soares, Christian  
MRN: 2987266, DOB: 3/4/1993, Sex: M  
Acct #: 101851627  
Adm: 7/18/2019, D/C: 7/18/2019

ED Notes (continued)

ED Provider Notes by John Craford, MD at 7/18/2019 12:54 AM (continued)

LAMS Score: 0 (07/18/19 0047)

Medical Decision Making:

Amount and/or Complexity of Data Reviewed:

Review and summarize previous medical records: Yes

Review and summarize previous medical records comment: No prior

Patient reporting that he was rectally penetrated and asking to see the sexual assault team. He has not believe use penetrated by a penis. There was no exchange of bodily fluids. No evidence of significant trauma. Declining x-ray of his thumb. Signed out pending sane exam

Care Transferred:

**Disposition**

Data Unavailable

John Craford, MD  
07/18/19 0149

Electronically Signed by John Craford, MD on 7/18/2019 1:49 AM

ED Notes by Zakkiyya Morgan, RN at 7/18/2019 2:21 AM

Author: Zakkiyya Morgan, RN

Filed: 7/18/2019 2:22 AM

Editor: Zakkiyya Morgan, RN (Registered Nurse)

Service: Emergency Medicine

Date of Service: 7/18/2019 2:21 AM

Author Type: Registered Nurse

Status: Signed

SANE Nurse at bedside.

Electronically Signed by Zakkiyya Morgan, RN on 7/18/2019 2:22 AM

ED Notes by Maegan Leblanc, RN at 7/18/2019 3:39 AM

Author: Maegan Leblanc, RN

Filed: 7/18/2019 3:40 AM

Editor: Maegan Leblanc, RN (Registered Nurse)

Service: Emergency Medicine

Date of Service: 7/18/2019 3:39 AM

Author Type: Registered Nurse

Status: Signed

Assumed care of pt at this time, SANE nurse remains at bedside.

Electronically Signed by Maegan Leblanc, RN on 7/18/2019 3:40 AM

ED Notes by Maegan Leblanc, RN at 7/18/2019 4:13 AM

Author: Maegan Leblanc, RN

Filed: 7/18/2019 4:13 AM

Editor: Maegan Leblanc, RN (Registered Nurse)

Service: Emergency Medicine

Date of Service: 7/18/2019 4:13 AM

Author Type: Registered Nurse

Status: Signed

SANE kit complete. State police detective at bedside.

Electronically Signed by Maegan Leblanc, RN on 7/18/2019 4:13 AM

Generated on 1/16/20 8:57 AM

SLH EMERGENCY DEPT.  
ED Encounter ReportSoares, Christian  
MRN: 2987266, DOB: 3/4/1993, Sex: M  
Acct #: 101851627  
Adm: 7/18/2019, D/C: 7/18/2019

## ED Notes (continued)

**ED Provider Note: Additional by Michael T Santoni, MD at 7/18/2019 4:36 AM**

Author: Michael T Santoni, MD	Service: Emergency Medicine	Author Type: Physician
Filed: 7/18/2019 5:25 AM	Date of Service: 7/18/2019 4:36 AM	Status: Addendum
Editor: Michael T Santoni, MD (Physician)		
Related Notes: Original Note by Michael T Santoni, MD (Physician) filed at 7/18/2019 4:37 AM		

The patient was endorsed to me as being potentially sexually assaulted by the police and is awaiting a SANE evaluation. The patient was evaluated by SANE who recommended no medical intervention at this time. The patient will be discharged to police custody. The patient was reexamined and he had a slightly erythematous 3 by 2 cm region of erythema on his right shin and a small area of erythema on his right wrist. There was no evidence of any other significant trauma.

Electronically Signed by Michael T Santoni, MD on 7/18/2019 4:37 AM  
Electronically Signed by Michael T Santoni, MD on 7/18/2019 5:25 AM

**ED Notes by Maegan Leblanc, RN at 7/18/2019 5:50 AM**

Author: Maegan Leblanc, RN	Service: Emergency Medicine	Author Type: Registered Nurse
Filed: 7/18/2019 5:54 AM	Date of Service: 7/18/2019 5:50 AM	Status: Signed
Editor: Maegan Leblanc, RN (Registered Nurse)		

D/c instructions provided to pt, d/c in police custody.

Electronically Signed by Maegan Leblanc, RN on 7/18/2019 5:54 AM

## Consults - Consultation Notes

**Consults by Bonnie Brault, LMHC at 7/18/2019 1:36 AM**

Version 1 of 1

Author: Bonnie Brault, LMHC	Service: —	Author Type: Licensed Mental Health Counselor
Filed: 7/18/2019 1:38 AM	Date of Service: 7/18/2019 1:36 AM	Status: Signed
Editor: Bonnie Brault, LMHC (Licensed Mental Health Counselor)		

Spoke further about case with RN; patient has been offered a SANE kit (he has accepted) and has been offered to meet with the Greater New Bedford Women's Center.

Patient is not disabled, an elder or under the age of 18; therefore social work is not filing a report.

P Patient to receive supportive intervention services per his request while he remains in custody of law enforcement. Per RN, law enforcement is aware of plan of care. Social work to remain available for consultation if needed.

Bonnie Brault, LMHC

Electronically Signed by Bonnie Brault, LMHC on 7/18/2019 1:38 AM

## Medications

**All Meds and Administrations**

(There are no med orders for this encounter)

## All Orders

**ED consult to Social Service [104716042]**

Electronically signed by: Zakkiyya Morgan, RN on 07/18/19 0046  
Ordering user: Zakkiyya Morgan, RN 07/18/19 0046

Ordering provider: John Craford, MD

Status: Completed

Generated on 1/16/20 8:57 AM



SLH EMERGENCY DEPT.  
ED Encounter Report

Soares, Christian  
MRN: 2987266, DOB: 3/4/1993, Sex: M  
Acct #: 101851627  
Adm: 7/18/2019, D/C: 7/18/2019

All Orders (continued)

ED consult to Social Service [104716042] (continued)

Authorized by: John Craford, MD

Ordering mode: Per protocol: no cosign required

Questionnaire

Question:  
Reason for consult?

Answer:  
Alleged sexual abuse/ assault

Flowsheets (all recorded)

Custom Formula Data - Thu July 18, 2019

Row Name	0042	0051
OTHER		
BSA (Calculated)	1.95 sq meters -DR	—
IBW/kg (Calculated)	68.4 kg -DR	—
Male		
IBW/kg (Calculated)	63.9 kg -DR	—
FEMALE		
Weight in (lb) to have BMI = 25	164.1 -DR	—
Relevant Labs and Vitals		
Temp (in Celsius)	37 -DR	—
Adult IBW/VT Calculations		
IBW/kg (Calculated)	68.4 -DR	—
Low Range Vt 6mL/kg	410.4 mL/kg -DR	—
Adult Moderate Range Vt 8mL/kg	547.2 mL/kg -DR	—
Adult High Range Vt 10mL/kg	684 mL/kg -DR	—
Fall Risk Scale		
Fall Risk Calculated Score	—	0 (Morse) -ZM

Handoff - Thu July 18, 2019

Row Name	0323
Handoff	
Handoff Date:	07/18/19 -ML
Handoff time:	0323 -ML
Handoff report given by:	Zakiya RN -ML
Handoff report given to:	Maegan RN -ML

Secondary Assessment - Thu July 18, 2019

Row Name	0053
Secondary Assessment	
General Appearance, Functional & Nutritional (WDL)	WDL -ZM
HEENT (WDL)	WDL -ZM
Cardiac (WDL)	WDL -ZM
Respiratory (WDL)	WDL -ZM
Gastrointestinal (WDL)	X -ZM
Genitourinary (WDL)	WDL -ZM
Neuro (WDL)	WDL -ZM
Extremities (WDL)	X -ZM
Skin Color/Condition (WDL)	WDL -ZM





SLH EMERGENCY DEPT.  
ED Encounter Report

Soares, Christian  
MRN: 2987266, DOB: 3/4/1993, Sex: M  
Acct #: 101851627  
Adm: 7/18/2019, D/C: 7/18/2019

# Flowsheets (all recorded) (continued)

## Patient ID Verification - Thu July 18, 2019

Row Name	0048
Patient Identification	
Patient identification verified on hospital ID band by name and DOB?	Yes -ZM
Identity Confirmed by	Patient -ZM

## Precautions - Thu July 18, 2019

Row Name	0052
Safe Environment	
Call Light Within Reach	Yes -ZM
Bed in Lowest Position	Yes -ZM
Bed Wheels Locked	Yes -ZM
Side Rails/Bed Safety	1/2 -ZM
Safety Precautions	
Safety Precautions	Standard; Other (Comment) patient in police custody -ZM
Isolation Precaution	
Type of Precaution	Standard -ZM

## Trigger - Thu July 18, 2019

Row Name	0048
Trigger	
Trigger Called?	No -ZM

## Immunizations - Thu July 18, 2019

Row Name	0050
Tetanus Up to Date	
Is the patient's tetanus up to date?	Unknown -ZM
Immunization Status	
Are immunizations up to date?	No -ZM

## Standards of Care - Thu July 18, 2019

Row Name	0052
Assessment	
Language Barrier?	No -ZM
Language to Discuss Health Care	English -ZM
Language Patient Reads	English -ZM
Functional Limitations	None -ZM
Readiness to learn	Attentive/Motivated -ZM
Learning barrier identified:	None -ZM

## Triage Complete - Thu July 18, 2019

Row Name	0050
Triage Complete	
Complete?	Triage complete -ZM

## Fall Risk Assessment - Thu July 18, 2019

Row Name	0051
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SLH EMERGENCY DEPT.  
ED Encounter Report

Soares, Christian  
MRN: 2987266, DOB: 3/4/1993, Sex: M  
Acct #: 101851627  
Adm: 7/18/2019, D/C: 7/18/2019

**Flowsheets (all recorded) (continued)**

**Fall Risk Assessment - Thu July 18, 2019 (continued)**

Row Name	0051
Morse Fall Risk	
History of Falling	0 -ZM
Secondary Diagnosis	0 -ZM
Ambulatory Aids	0 -ZM
Intravenous Therapy/Heparin/Saline Lock	0 -ZM
Gait/Transferring	0 -ZM
Mental Status	0 -ZM
Score	0 -ZM

**Fever or Chills - Thu July 18, 2019**

Row Name	0047
Fevers or Chills or Altered Mental Status	
Fever or Chills?	No -ZM
Is the patient's mental status altered?	No -ZM

**Travel/Exposure Screening - Thu July 18, 2019**

Row Name	0047
Travel/Exposure Screening	
Have you traveled outside of the United States in the last thirty days?	No -ZM
Have you had contact with anyone with a known communicable disease in the last thirty days?	No -ZM

**Los Angeles Motor Scale (LAMS) - Thu July 18, 2019**

Row Name	0047
Los Angeles Motor Scale (LAMS)	
LAMS Facial Droop	0 -ZM
LAMS Arm Drift	0 -ZM
LAMS Grip Strength	0 -ZM
LAMS Score	0 -ZM

**Healthcare Directives - Thu July 18, 2019**

Row Name	0051
Advance Directives (For Healthcare)	
Have you reviewed your Advance Directive and is it valid for this stay?	No -ZM
Advance Directive	Patient does not have advance directive -ZM
Pre-existing DNR/DNI Order	No -ZM
MOLST	
Does patient have a Medical Order for Life-Sustaining Treatment (MOLST)?	No -ZM

**Focused Assessment - Thu July 18, 2019**

Row Name	0048
----------	------



SLH EMERGENCY DEPT.  
ED Encounter Report

Soares, Christian  
MRN: 2987266, DOB: 3/4/1993, Sex: M  
Acct #: 101851627  
Adm: 7/18/2019, D/C: 7/18/2019

Flowsheets (all recorded) (continued)

Focused Assessment - Thu July 18, 2019 (continued)

Row Name	0048
Airway	
Airway (WDL)	WDL -ZM
Breathing	
Breathing (WDL)	WDL -ZM
Circulation	
Circulation (WDL)	WDL -ZM
Disability	
Disability (WDL)	WDL -ZM

GI Assessment - Thu July 18, 2019

Row Name	0106
Abdominal	
GI Symptoms	Other (Comment) c/o rectal pain -ZM
Last BM Date	07/17/19 -ZM
Stool Appearance	Unable to assess -ZM
Stool Color	Unable to assess -ZM
Stool Amount	Unable to assess -ZM
Abdomen Inspection	Unable to assess -ZM
Tenderness	Soft/Nontender -ZM
Passing Flatus	Yes -ZM
Bowel Sounds	
RUQ Bowel Sounds	Present -ZM
LUQ Bowel Sounds	Present -ZM
RLQ Bowel Sounds	Present -ZM
LLQ Bowel Sounds	Present -ZM

Musculoskeletal - Thu July 18, 2019

Row Name	0108
Musculoskeletal	
RUE	Full movement; injury/trauma; No deformity; No swelling -ZM
Muscle Tone	No hyper or hypotonicity, tone symmetrical in all extremities -ZM
Pre Existing Orthopedic Devices	
Pre-Existing Orthopedic Device on Patient?	No -ZM
Traction?	No -ZM
Musculoskeletal Assessment	
Assessed Area	Right Upper Extremity -ZM

Peripheral Vascular - Thu July 18, 2019

Row Name	0108
Neurovascular Area	
Neurovascular area	Right Upper Extremity (RUE) -ZM
RUE Neurovascular Assessment	
RUE Capillary Refill	Less than/equal to 2 seconds -ZM
RUE Color	Appropriate for ethnicity -ZM



SLH EMERGENCY DEPT.  
ED Encounter Report

Soares, Christian  
MRN: 2987266, DOB: 3/4/1993, Sex: M  
Acct #: 101851627  
Adm: 7/18/2019, D/C: 7/18/2019

Flowsheets (all recorded) (continued)

Peripheral Vascular - Thu July 18, 2019 (continued)

Row Name	0108
RUE	Warm; Dry -ZM
Temperature/Moisture	
R Radial Pulse	+2 -ZM

Arrival Documentation - Thu July 18, 2019

Row Name	0045
Aspirin	
Has patient had aspirin within 24 hours of arrival?	No -ZM
*Contraindication to prescribing aspirin at arrival?	Not Indicated -ZM
Prehospital Treatment	
Prehospital Treatment	Yes -ZM
Prehospital Care	
Ambulance Service	STAT Dartmouth -ZM
Prehospital EKG Performed	
EKG Performed	No -ZM
Language Assistant	
Interpreter Used?	No -ZM

Abuse Indicators - Thu July 18, 2019

Row Name	0051
Screening	
Safe in Home	Yes -ZM
Safe in Relationship	Yes -ZM
Abuse/Neglect probable or suspected?	No -ZM

Care Handoff - Thu July 18, 2019

Row Name	0547
Care Handoff	
Report Given to	— -ML

Departure Condition - Thu July 18, 2019

Row Name	0547
Departure Condition	
Instructions given to?	Patient -ML
Readiness to learn	Attentive/Motivated -ML
Learning barriers?	No -ML
Patient/Caregiver Teaching	Discharge instructions reviewed; Follow-up care reviewed; Patient verbalized understanding -ML
Type of Instructions provided?	Verbal; Written/AVS -ML
Mobility at Departure	Ambulatory -ML
Departure Mode	Police Vehicle -ML
Accompanied by	Police -ML

Vital Signs - Thu July 18, 2019

Row Name	0042	0545
Vital Signs		





SLH EMERGENCY DEPT.  
ED Encounter Report

Soares, Christian  
MRN: 2987266, DOB: 3/4/1993, Sex: M  
Acct #: 101851627  
Adm: 7/18/2019, D/C: 7/18/2019

Flowsheets (all recorded) (continued)

Vital Signs - Thu July 18, 2019 (continued)

Row Name	0042	0545
Temp	98.6 °F (37 °C) -DR	—
Temp src	Oral -DR	—
Pulse	93 -DR	77 -ML
Heart Rate Source	Monitor -DR	Monitor/Automated -ML
Resp	20 -DR	18 -ML
BP	115/65 -DR	114/86 -ML
NIBP MAP (Calc)	82 -DR	95 -ML
BP Location	Left arm -DR	Left arm -ML
BP Method	Automatic -DR	Automatic -ML
Patient Position	Sitting -DR	Lying -ML
Oxygen Therapy		
SpO2	98 % -DR	96 % -ML
O2 Device	None (Room air) -DR	None (Room air) -ML
Height and Weight		
Height	5' 8" (1.727 m) -DR	—
Height Method	Stated -DR	—
Weight	180 lb (81.6 kg) -DR	—
Weight Method	Stated -DR	—
BMI		
BMI (Calculated)	27.38 -DR	—
Vitals Timer		
Restart Vitals Timer	—	Yes -ML
Restart Vitals Timer	Yes -DR	Yes -ML

Acuity/Destination - Thu July 18, 2019

Row Name	0048
Acuity/Destination	
Patient Acuity	2 -ZM
ED Destination	Main -ZM

User Key

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates
ZM	Zakkiya Morgan, RN	07/01/16 -
DR	Danelisse Ruiz	02/15/19 -
ML	Maegan Leblanc, RN	09/23/15 -



SLH EMERGENCY DEPT.  
ED Encounter Report

Soares, Christian  
MRN: 2987266, DOB: 3/4/1993, Sex: M  
Acct #: 101851627  
Adm: 7/18/2019, D/C: 7/18/2019

**Encounter-Level Documents - 07/18/2019:**

Scan on 7/18/2019 1:18 PM (below)

**Patient Instructions Signature Page**

If your condition changes and you are not able to contact your physician, please contact the Emergency Department. I hereby acknowledge receipt and understanding of the instructions given to me by my caregivers and have participated in the discharge plan. I understand that my medical care will be complete only if I follow these instructions and the discharge plan.

I have read and understand the instructions given to me by my caregivers.

Christian Soares

Printed Patient Name

Print Guardian Name

Date

*[Signature]*

Patient (or Guardian) Signature

Date

*[Signature]* 7/18/19

Caregiver/RN/Doctor Signature

Date



977  
77  
114/86

Christian Soares (MRN: 2987266) • Printed by Michael Santoni, MD at 7/18/19 4:37 AM

Page 1 of 5 *[Signature]*

**Events**

**Admission at 7/18/2019 0037**

Unit: Southcoast Hospitals Group - St. Luke's Room: RM15 Bed: 15  
Hospital  
Patient class: Emergency Service: Emergency Medicine

**ED Arrival at 7/18/2019 0037**

Unit: Southcoast Hospitals Group - St. Luke's Hospital

**ED Roomed at 7/18/2019 0037**

Generated on 1/16/20 8:57 AM



**Southcoast Health**

**SLH EMERGENCY DEPT.  
ED Encounter Report**

Soares, Christian  
MRN: 2987266, DOB: 3/4/1993, Sex: M  
Acct #: 101851627  
Adm: 7/18/2019, D/C: 7/18/2019

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**Events (continued)**

Unit: Southcoast Hospitals Group - St. Luke's Hospital

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**Discharge at 7/18/2019 0555**

Unit: Southcoast Hospitals Group - St. Luke's  
Hospital

Room: RM15

Bed: 15

Patient class: Emergency

Service: Emergency Medicine

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**Discharge at 7/18/2019 0555**

Unit: Southcoast Hospitals Group - St. Luke's Hospital

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**ED RN Critical Care Time**

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**END OF REPORT**

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